**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9400070492

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90265 011 \*\*\*150.00

REO AD	VISORS, INC.								
Principal Place	e of Business	Mailing Address				i i <b>ddiliddi</b> işa ibştı bildi dafir gal	13 <b>68</b> 311 <b>08</b> 411 40		
10235 WEST SA		P.O-ROY-77-0995							
SUITE 201 CORAL SPRINGS FL 33077						DO 1107 1107		בסגפר	
CORAL SPRING	GS FL 33065	·	,			DO NOT WRIT	E IN THIS	SPACE	
					3.	09/26/1994			İ
2 Principal B	Place of Business	2a. Mailing Address				FEI Number		Ani	plied For
	lace of business	26 P.O. Bo	v. 80	×06	"	65-0522604		_ <del>  ` `</del>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u> </u>		+-			\$8.75 A	dditional
22	, 	27			5.	Certificate of Status Desired		Fee.Re	quired
City & State	le	City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28 CORALSA	rung	<u>S</u>		Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip ~~~			8.	This corporation owes the curr	ent year Inta		
24	25	<sub>29</sub>	30 6	'SA		Personal Property Tax.  Name and Address of New F			□No
	9. Name and Address of Curre	nt Registered Agent	_	81 Name	10.	Name and Address of New F	egistereu /	-gent	
CHA	NDLER, LARRY			l lame					
	1 NW 21ST ST			82 Street Add	dress (P	P.O. Box Number is Not Accepta	ible)		
	RGATE FL 33063			83					_
				84 City			FI	85 Zip C	Code
44 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Stati	ites, the a	bove-named con	rporatio	n submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	I by the corporati	tion's bo	pard of directors. I hereby accep	t the appoin	itment as reg	gistered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	orida Stat	utes.					
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	onda Stat	utes.			_		\
agent. I a	am familiar with, and accept the oblig	ent and title if applicable. (NO	E: Registered	Ites. Agent signature require	ired when r	reinstating)	DATE		
agent. I a SIGNATURE 12.	am familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A	ations of, Section 607.0505, F	onda Stat	Agent signature require	ired when r		DATE		
agent. I a SIGNATURE  12.	Signature, typed or printed name of registered as  OFFICERS A	ent and title if applicable. (NO ND DIRECTORS	E: Registered	Agent signature requir	ired when r	reinstating)	DATE	D DIRECTO	RS IN 12
agent. I a SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered as OFFICERS A DP CHANDLER, LARRY	ent and title if applicable. (NO ND DIRECTORS	E: Registered 13. 1.1 TH	Agent signature requir	ired when r	reinstating)	DATE	D DIRECTO	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST	ent and title if applicable. (NO ND DIRECTORS	E: Registered 13. 1.1 TF 1.2 NF 1.3 S	Agent signature requir	ired when r	reinstating)	DATE	D DIRECTO	RS IN 12
agent. I a SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ag OFFICERS A DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063	ent and title if applicable. (NO ND DIRECTORS	E: Registered 13. 1.1 TF 1.2 NF 1.3 S	Agent signature requir  ILE  ME  REET ADORESS  TY-ST-ZIP	ired when r	reinstating)	DATE	D DIRECTO	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST	attons of, Section 607.0505, Filent and title if applicable. (NO DIRECTORS	E: Registerec 13. 1.1 TF 1.2 N 1.3 S 1.4 C	Agent signature requir  ILE  ME  REET ADORESS  TY- ST- ZIP  ILE	ired when r	reinstating)	DATE	D DIRECTO ☐ Change	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT	attons of, Section 607.0505, Filent and title if applicable. (NO DIRECTORS	13. 1.1 Tf 1.2 Nc 1.3 S 1.4 Cl 2.1 Tf 2.2 Nc	Agent signature requir  ILE  ME  REET ADORESS  TY- ST- ZIP  ILE	ired when r	reinstating)	DATE	D DIRECTO ☐ Change	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT	ations of, Section 607.0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE	E: Registered  13. 1.1 Tf 1.2 N 1.3 S 1.4 C 2.1 Tf 2.2 N 2.3 S	Agent signature requir TLE MME REET ADORESS TY- ST- ZIP TLE MME	ired when r	reinstating)	DATE	D DIRECTO ☐ Change ☐ Change	RS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE	attons of, Section 607.0505, Filent and title if applicable. (NO DIRECTORS	E: Registered  13. 1.1 Tf 1.2 N 1.3 S 1.4 C 2.1 Tf 2.2 N 2.3 S	Agent signature requir  ILE  IME  REET ADDRESS  TY- ST- ZIP  ILE  IME  REET ADDRESS  ITY- ST- ZIP	ired when r	reinstating)	DATE	D DIRECTO ☐ Change	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE	ations of, Section 607.0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE	E: Registerec  13. 1.1 TI 1.2 Ni 1.3 S 1.4 C 2.1 TI 2.2 Ni 2.3 S 2.4 C	Agent signature requir  ILE  IME  REET ADDRESS  TY-ST-ZIP  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  ITY-ST-ZIP	ired when r	reinstating)	DATE	D DIRECTO ☐ Change ☐ Change	RS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607.0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE	13. 1.1 TI 1.2 NI 1.3 S' 1.4 CI 2.1 TI 2.2 NI 2.3 S' 2.4 CI 3.1 TI 3.2 NI	Agent signature requir  ILE  IME  REET ADDRESS  TY-ST-ZIP  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  ITY-ST-ZIP	ired when r	reinstating)	DATE	D DIRECTO ☐ Change ☐ Change	RS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607,0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 NI 1.3 S' 1.4 CI 2.1 TI 2.2 NI 2.3 S' 2.4 CI 3.1 TI 3.2 NI 3.3 S' 3.4 CI 3.4 CI 3.4 CI 3.5 CI 3.6 CI 3.7 C	Agent signature requir  ILE  IME  REET ADORESS  TY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  IME  REET ADDRESS  ITY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  ITY-ST-ZIP	ired when r	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607.0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE	E: Registerec  13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	Agent signature requir  TLE  ME  REET ADORESS  TY-ST-ZIP  TLE  ME  REET ADDRESS  ITY-ST-ZIP  TLE  ME  REET ADORESS  ITY-ST-ZIP  TLE  ME  REET ADORESS  ITY-ST-ZIP  TLE  ME  REET ADORESS	ired when r	reinstating)	DATE	D DIRECTO ☐ Change ☐ Change	RS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607,0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE  DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CC 2.1 TI 2.2 No. 2.3 S' 2.4 CC 3.1 TI 3.2 No. 3.3 S' 3.4 CC 4.1 TI 4.2 No.	Agent signature requir  FLE  ME  REET ADORESS  TY-ST-ZIP  FLE  ME  REET ADDRESS  ITY-ST-ZIP  FLE  ME  REET ADORESS  ITY-ST-ZIP  FLE  ME  REET ADORESS  ITY-ST-ZIP  FREET ADORESS  ITY-ST-ZIP  FREET ADORESS  AME	ired when r	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607,0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE  DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CI 2.1 TI 2.2 No. 2.3 S' 2.4 CI 3.1 TI 3.2 No. 3.1 TI 4.2 No. 4.1 TI 4.2 No. 4.3 S' 4.4 CI 4.4 TI 4.5 No. 4.4 S'	Agent signature requir  ILE  ME REET ADORESS TY-ST-ZIP ILE  ME REET ADDRESS ITY-ST-ZIP ILE  ME REET ADORESS ITY-ST-ZIP ILE  ME REET ADORESS ITY-ST-ZIP ILE  AME REET ADORESS	ired when r	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607.0505, Filent and title if applicable. (NO ND DIRECTORS DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CC 2.1 TI 2.2 No. 2.3 S' 2.4 CC 3.1 TI 3.2 No. 3.3 S' 3.4 CC 4.1 TI 4.2 No. 4.3 S 4.4 CC	Agent signature requir  FLE  ME  REET ADORESS  TY-ST-ZIP  FLE  ME  REET ADDRESS  ITY-ST-ZIP  FLE  ME  REET ADORESS  ITY-ST-ZIP  FREET ADORESS  ITY-ST-ZIP  FREET ADORESS  ITY-ST-ZIP  FLE  AME  REET ADORESS  TY-ST-ZIP	ired when r	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607,0505, Fient and title if applicable. (NO:  ND DIRECTORS  DELETE  DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CC 2.1 TI 2.2 No. 2.3 S' 2.4 CC 3.1 TI 3.2 No. 3.3 S' 3.4 CC 4.1 TI 4.2 No. 4.3 S' 4.4 CC 5.1 TI	Agent signature requir  FLE  ME REET ADORESS TY-ST-ZIP FLE  ME REET ADDRESS ITY-ST-ZIP FLE  ME REET ADORESS ITY-ST-ZIP FLE  ME REET ADORESS ITY-ST-ZIP FLE  AME REET ADORESS TY-ST-ZIP FLE  REET ADORESS TY-ST-ZIP FLE  REET ADORESS TY-ST-ZIP FLE	ired when r	reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607.0505, Filent and title if applicable. (NO ND DIRECTORS DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CI 2.1 TI 2.2 No. 2.3 S' 2.4 CI 3.1 TI 3.2 No. 3.1 TI 4.2 No. 4.1 TI 4.2 No. 4.3 S 4.4 CI 5.1 TI 5.2 No.	Agent signature requir  ILE  ME REET ADORESS TY-ST-ZIP ILE  ME REET ADDRESS ITY-ST-ZIP ILE  ME REET ADORESS ITY-ST-ZIP ILE  AME REET ADORESS ITY-ST-ZIP ILE  AME REET ADORESS TY-ST-ZIP ILE  AME REET ADORESS TY-ST-ZIP ILE  AME	ired when r	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607.0505, Filent and title if applicable. (NO ND DIRECTORS DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CI 2.1 TI 2.2 No. 2.3 S' 2.4 CI 3.1 TI 3.2 No. 3.4 CI 4.1 TI 4.2 No. 4.3 S' 4.4 CI 5.1 TI 5.2 No. 5.3 S'	Agent signature requir  ILE  ME REET ADORESS TY-ST-ZIP  ILE  ME REET ADDRESS ITY-ST-ZIP  ILE  ME REET ADORESS ITY-ST-ZIP  ILE  AME REET ADORESS ITY-ST-ZIP  ILE  AME REET ADORESS TY-ST-ZIP  ILE  AME REET ADORESS TY-ST-ZIP  ILE  AME REET ADORESS	ired when r	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607,0505, Fient and title if applicable. (NO)  ND DIRECTORS  DELETE  DELETE  DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CI 2.1 TI 2.2 No. 2.3 S' 2.4 CI 3.1 TI 3.2 No. 3.4 CI 4.1 TI 4.2 No. 4.3 S' 4.4 CI 5.1 TI 5.2 No. 5.3 S'	Agent signature requir  ILE  ME REET ADORESS TY-ST-ZIP  ILE  ME REET ADDRESS ITY-ST-ZIP  ILE  ME REET ADORESS ITY-ST-ZIP  ILE  AME REET ADORESS ITY-ST-ZIP  ILE  AME REET ADORESS TY-ST-ZIP  ILE  AME REET ADORESS TY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  ITY-ST-ZIP  ILE  ITY-ST-ZIP  ITREET ADORESS  TY-ST-ZIP	ired when r	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A  DP CHANDLER, LARRY 6731 NW 21ST ST MARGATE FL 33063  SD CHRISMAN, KENT 3181 NE 8TH AVE OAKLAND PARK FL 33334	ations of, Section 607.0505, Filent and title if applicable. (NO ND DIRECTORS DELETE	E: Registerec  13. 1.1 TI 1.2 No. 1.3 S' 1.4 CI 2.1 TI 2.2 No. 2.3 S' 2.4 CI 3.1 TI 3.2 No. 3.4 CI 4.1 TI 4.2 No. 4.3 S' 4.4 CI 5.1 TI 5.2 No. 5.3 S' 5.4 CI 5.5 S' 5.4 CI	Agent signature requir  ILE  ME REET ADORESS TY-ST-ZIP  ILE  ME REET ADORESS ITY-ST-ZIP  ILE  ME REET ADORESS ITY-ST-ZIP  ILE  ME REET ADORESS ITY-ST-ZIP  ILE  AME REET ADORESS TY-ST-ZIP  ILE  MIE REET ADORESS	ired when r	reinstating)	DATE	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or shall an attachment with a specific with a spe

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS